STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411184	A. BUILDING: _____ B. WING _____	C 09/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENTIAL TREATMENT CENTER	**1601-B HUFFINE MILL ROAD GREENSBORO, NC 27405**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint survey was completed on 9/29/22. The complaint (intake NC00191549) was unsubstantiated. No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 PRTF - Psychiatric Residential Treatment Facility for Children and Adolescents. This facility is licensed for 12 and currently has a census of 12. The survey sample consisted of the audit of 1 former client.	V 000		